

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Steve Walker, Chaplain Supervisor
c/o Bullock County Correctional Fac
P. O. Box 5107
Union Springs, AL 36089

65CV992

2. Article Number (Copy)

7002 2030 0005 9732 0804

A. Received by (Please Print Clearly) <i>STEVE WALKER</i>	B. Date of Delivery <i>1/17/05</i>
C. Signature <i>X Steve Walker</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery <input type="checkbox"/> Yes	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952